U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DENNIS RIVERA PLANT OF THE DELIVERY OF THE COMPLET OF THE C	Name NEW YORK'S HEALTH&RUMAN SERVICE UNION 1199SEIU
	Labor Organization File Number 031-847
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 310 W. 43rd STREET	Street 310 W. 43rd STREET
City NEW YORK	City NEW YORK
State New York ZIP Code +4 10036	State New York ZIP Code + 4 10036-6407
5. Position in labor organization. PRESIDENT	TART THAN THAN MARK TRANSCORD COME AND THAN AND THAN THAN THAN THAN THAN THAN THAN THAN
Enter appropriate data halour If during the good fined was a constant.	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu-	use or minor child directly of indirectly had any of the following interests issues set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name:	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.5. Ashount.
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report fineluding the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the
Signed	On 7/27/05 212-261-2222
	/ Date/ Telephone Number
Form LM-30 (2003)	Page 1 of 14

Name of Person Filing DENNIS RIVERA	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name 1199 NATIONAL BENEFIT FUND*	a. Labor Organization				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bidg., Room No., if any	c. Employer				
Street 330 W. 42nd STREET	b. wi				
City NEW YORK					
State New York ZIP Code + 4 10036					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.				
Trade Name, if any:	*THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT				
P.O. Box, Bldg., Room No., if any	FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS.				
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	AS A TRUSTEE OF THE 1199 NATIONAL BENEFIT FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED LODGING AND MEALS. I ALSO ATTENDED A BUSINESS LUNCH AND RECEIVED A HOLIDAY GIFT THAT I HAVE INCLUDED IN THE ESTIMATED AMOUNT BELOW.				
	12.b. Amount. \$992				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	BUSINESS MEALS AND HOLIDAY GIFT THAT I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW.				
Name TONIO BURGOS & ASSOCIATES					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any SUITE 1504					
Street 115 BROADWAY					
City NEW YORK	The state of the s				
State New York ZIP Code + 4	Control of the control				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$200				

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Name of Person Filing DENNIS RIVER	A.	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND	a. Labor Organization
Trade Name, if any:	NAME OF TAXABLE OF TAX
P.O. Box, Bldg., Room No., if any	b. Trust
Street 330 W. 42ND STREET	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDING VARIOUS JOB TRAINING AND UPGRADING BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	BEDAMOMAS MINORAN MATATRO (MIT Q BB Q O) MADERIA GO DE DES CO 2 MATATRO CO 2 CO VIV.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	AS A TRUSTEE FOR THE HOSPITAL LEAGUE/1199 TRAINING & UPGRADING FUND, THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND AND THE 1199 JOB SECURITY FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS
	12.b. Amount. \$467

Name of Person Filing DENNIS	RIVERA	 		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name LEVY RATNER, P.C. Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 80 8TH AVE., 8TH FLOOR	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10011	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDES LEGAL COUNSEL FOR THE UNION
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,432,560
	12.a. Nature of interest held or income received.
	BUSINESS MEALS, HOLIDAY GIFT AND IN-KIND LEGAL SERVICES WHICH I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW.
	FOR TO THE THE PROPERTY OF THE
	12.b. Amount. \$1,590

Name of Person Filing DENNIS RIVERA	File Number U-
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	,
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name DORAL ARROWWOOD HOTELS	a. Labor Organization
Trade Name, if any:	N A Truck
P.O. Box, Bldg., Room No., if any	b. Trust
Street ANDERSON HILL ROAD	c. Employer
City RYE BROOK	
State New York ZIP Code + 4 10573	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name 1199 NATIONAL BENEFIT FUND	HOTEL VENDOR
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 330 W. 42ND STREET	
City NEW YORK	
State New York ZIP Code + 4 10036	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	AS A TRUSTEE OF VARIOUS 1199-RELATED BENEFIT FUNDS, I ATTENDED A TRUSTEES CONFERENCE AT THE DORAL ARROWWOOD AND RECEIVED A COMPLIMENTARY ROOM UPGRADE AND A FRUIT BASKET, WHICH I HAVE ESTIMATED AT THE DOLLAR AMOUNT BELOW.
	12.b. Amount. \$300

Name of Person Filing DENNIS	RIVERA	File Number U-

8. Name and address of Business	(including trade name, if any).	9. Business deals with:	
Name MEYER SUOZZI ENGLI Trade Name, if any:	SH & KLEIN	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	TO THE BOOK TO THE TOTAL T	b. Trust	
Street 1505 KELLUM PLACE	TO THE PROPERTY OF THE PROPERT	c. Employer	
City MINEOLA			
State New York	ZIP Code + 4 11501		
10. If 9.b. or 9.c. is checked give trust	or employer's name.	11.a. Nature of such dealing.	
Name		PROVIDES LEGAL SERVICES FOR UNION	A
Trade Name, if any:	NZTON (N. C.) OTNOTOPION (C.) ON ONOGRAPANS (C.) DATE		
P.O. Box, Bldg., Room No., if any	- ANNOUNCE CONTRACTOR		promote: .
Street	niethapanii i tii qanniisee ii agaalananii.		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City	CONTRACTOR OF THE CONTRACTOR O	**************************************	· rumanahanrahanraha.
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$609,020
		12.a. Nature of interest held or income received.	and and the second an
		BUSINESS MEAL AND HOLIDAY GIFT THA ESTIMATED IN THE DOLLAR AMOUNT BEL	
			To a state of the second
			1.
		THE CONTRACTOR AND A STATE OF THE STATE OF T	ATTER TO THE PROPERTY OF THE P
		12.b. Amount.	\$250

Name of Person Filing DENNIS RIVERA	 File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:
Name TDCC TNC	
TOTAL LINCS TINC	a. Labor Organization
Trade Name, if any: LABOR RESEARCH ASSOCIATION	
P.O. Box, Bidg., Room No., if any 13TH FLOOR	b. Trust
Street 330 W. 42nd STREET	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	VENDOR PROVIDING RESEARCH AND PUBLIC RELATIONS SERVICES FOR UNION
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	703
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$169,500
	12.a. Nature of interest held or income received.
	HOLIDAY GIFT THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW
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	12.b. Amount. \$365

Name of Person Filing DENNIS RIVERA	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
Name KNICKERBOCKER SKD PRODUCTIONS Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any SUITE 610	Losseed
Street 594 BROADWAY	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10012	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDES MEDIA CONSULTATION AND MEDIA PRODUCTION SERVICES FOR UNION
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	
City	Annual Class Annual Control Co
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,132,300
	12.a. Nature of interest held or income received.
	BUSINESS MEALS ESTIMATED IN THE AMOUNT BELOW
	The state of the s
	12.b. Amount. \$200

ı	Name of Person Filing	DENNIS RIVER	J	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:
Name HOWARDBERLINER/NEWSCHOOL FOR SOCIALRESEARCH	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 9TH FLOOR	b. Trust
Street 66 5TH AVENUE	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10011	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	CONSULTANT AND RESEARCH SERVICES FOR UNION
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$20,750
	12.a. Nature of interest held or income received.
	HOLIDAY GIFT FROM PROFESSOR HOWARD BERLINER AT NEW SCHOOL FOR SOCIAL RESEARCH THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW
	: : 5
	Tagerra
	12.b. Amount. \$50

N (D 5")	Eta Municipal II
Name of Person Filing DENNIS RIVERA	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CUSHMAN WAKEFIELD Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 51 W. 52ND STREET	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10019	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City	PROVIDE REAL ESTATE MANAGEMENT
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$42,200
	12.a. Nature of interest held or income received.
	HOLIDAY GIFT THAT I HAVE ESTIMATED IN THE DOLLAR AMOUNT BELOW
	12.b. Amount. \$100

Name of Person Filing DENNIS RIVERA	File Number U-
Total of Cool will DENNIS RIVERA	

		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BENCOM	a. Labor Organization	
Trade Name, if any:	1.60. № 1	
P.O. Box, Bldg., Room No., if any ROOM 903	b. Trust	
Street 928 BROADWAY	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10010		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	AND AND THE REST OF THE PARTY O
Name :	PROVIDES MEDIA AND DESIGN WORK FOR	THE UNION
Trade Name, if any:		
THE SUM AND CONTROL OF THE PROPERTY OF THE CONTROL		:
P.O. Box, Bldg., Room No., if any		¢
Street:		
City .		:
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$762,400
:	12.a. Nature of interest held or income received.	MD964 - 21390411 - N9611 - 410991 - 114441
	HOLIDAY GIFT THAT I HAVE ESTIMATED AMOUNT BELOW	IN THE DOLLAR
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i		:
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1	12.b. Amount.	\$100

Name of Person Filing DENNIS	RIVERA		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name THE BAUGHMAN COMPANY	a. Labor Organization	
Trade Name, if any:	LELIN	
P.O. Box, Bldg., Room No., if any 2ND FLOOR	b. Trust	
Street 3106 FILLMORE STREET	c. Employer	
City SAN FRANCISCO		
State California ZIP Code + 4 94123		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name *	MEDIA CONSULTANTCY WORK FOR UNION	1
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		**
City:		mm v · · · ·
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$88,100
	12.a. Nature of interest held or income received.	Office of the second section of the second s
	HOLIDAY GIFT IN THE DOLLAR AMOUNT	ESTIMATED BELOW
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	HER BANKS AND	-
	12.b. Amount.	\$75

Name of Person Filing DENNIS	RIVERA	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name FURNSTAHL & SIMON ARCHITECTS Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any 20TH FLOOR	b. Trust		
Street 545 EIGHTH AVENUE	c. Employer		
City NEW YORK			
State New York ZIP Code + 4 10018			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ı. Nature of such dealing.	
Name	PROVIDES ARCHITECTURE SERVICES FOR	RUNION	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		Andrew Art of	
City :	TO THE STATE OF TH	**************************************	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$72,100	
	12.a. Nature of interest held or income received.		
	HOLIDAY GIFT IN THE DOLLAR AMOUNT	ESTIMATED BELOW	
	7 1000	:	
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		as an Assembly and the second	
		With Water a	
	12.b. Amount.	\$75:	
	12.0. Filliount.	\$75.	

Name of Person Filing DENNIS RIVERA File Number

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PHILMARK ASSOCIATION	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any 3RD FLOOR	b. Trust		
Street 225 VARICK STREET	c. Employer		
City NEW YORK			
State New York ZIP Code + 4 10014			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	PROVIDES PRINTING SERVICES FOR UNION		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		i	
Street		!	
City		:	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,479,600	
	12.a. Nature of interest held or income received.		
	HOLIDAY GIFT IN THE DOLLAR AMOUNT	ESTIMATED BELOW	
		I I	
	There is a supremendant of the control of the contr		
	12.b. Amount.	\$75	